

## Academy of Women Entrepreneurs (AWE) – Liberia Application

The Academy of Women Entrepreneurs (<https://eca.state.gov/awe>) is a U.S. Department of State initiative to provide women entrepreneurs with the skills, resources, and networks needed to start and scale successful businesses. The first Liberia cohort of AWE will meet during the summer of 2021.

Eligible female entrepreneurs interested in participating must apply by completing the below application. The application can be filled out digitally, saved as either a Word document or PDF and emailed to [MonroviaPD@state.gov](mailto:MonroviaPD@state.gov) along with a one-page business profile/plan. It can also be printed, filled out by hand, scanned, and emailed to [MonroviaPD@state.gov](mailto:MonroviaPD@state.gov) along with a one-page business profile/plan. Applications are due by the end of the day **April 21, 2021**.

Applications will be reviewed and screened by a panel. Selected participants will be notified on May 7, 2021.

### There is no cost to apply!

#### Eligibility:

- Must be a female entrepreneur between 21 and 45 years of age
- Must be fluent in English
- Must currently be residing in Monrovia and/or its surrounding suburbs
- Must either have a feasible business idea or have a registered business for no more than 2 years
- Must submit a one-page business profile/plan
- Must have the ability to participate in weekly group sessions for approximately 12 weeks
- Must commit to 5+ hours weekly to accomplish designated tasks
- Must have computer literacy and access to a computer

Name: \_\_\_\_\_ Date of Birth? \_\_\_\_\_  
M/D/Y

Phone: \_\_\_\_\_ WhatsApp: \_\_\_\_\_

Email (required): \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City

#### Education:

Name of high school: \_\_\_\_\_ City/Country: \_\_\_\_\_  
Graduated? Yes / No If yes, date completed: \_\_\_\_\_

Name of college/university: \_\_\_\_\_ City/Country: \_\_\_\_\_  
Graduated? Yes / No If yes, date completed: \_\_\_\_\_  
Area of study/degree: \_\_\_\_\_

Name of trade school/other: \_\_\_\_\_ City/Country: \_\_\_\_\_  
Graduated? Yes / No If yes, date completed: \_\_\_\_\_  
Area of study/degree: \_\_\_\_\_

#### Business:

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Do you have an existing company? Yes / No

If yes, name of business? \_\_\_\_\_

Date registered? Month/Year: \_\_\_\_\_

Business address: \_\_\_\_\_

Business sector: \_\_\_\_\_

### Submit a one-page business profile/plan

#### Reference(s)

Name

Relationship

Phone

Name

Relationship

Phone

Name

Relationship

Phone

#### Emergency contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby declare that I have provided correct, complete, and accurate information on this application form. I have carefully read the information and the criteria for applying. I understand and agree that any misrepresentation, false information, or omission of facts on my application will lead to the denial of admission, cancellation of admission, or dismissal from the program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_